

# *CITY COUNCIL*

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## *Committee of the Whole*

Monday, March 23, 2009

Council Office

4:30 pm

Agenda

- |                                    |         |
|------------------------------------|---------|
| I. Executive Session – Litigation  | 4:30 pm |
| II. Handicapped Parking Resolution | 5:00 pm |
| III. Healthcare Resolution         | 5:30 pm |
| IV. Agenda Review                  | 6:00 pm |



## ***COMMITTEE of the WHOLE***

### ***CITY COUNCIL***

**MINUTES**  
**March 9, 2009**  
**4:30 P.M.**

#### **COUNCIL MEMBERS PRESENT:**

V. Spencer, D. Sterner, M. Goodman-Hinnershitz, M. Baez, S. Marmarou, S. Fuhs

#### **OTHERS IN ATTENDANCE:**

L. Kelleher, S. Katzenmoyer, C. Younger, R. Hottenstein, A. Mukerji

Mr. Spencer, President of Council, called the Committee of the Whole meeting to order at 4:35 p.m.

#### **I. RACP Hotel/Garage**

Mr. Spencer noted that this resolution is on tonight's agenda and that Mr. Mukerji was present to answer questions.

Mr. Mukerji explained that the City would be reimbursed for expenses at a 50% rate. \$6 million is being requested from DCED for the hotel/garage project at 8th & Penn.

Mr. Fuhs questioned if this amount was the same as originally discussed. Mr. Mukerji stated that it was the same amount. He stated that the garage will provide 776 parking spaces.

Mr. Marmarou questioned how many spaces were available at the lot at that location at this time. Mr. Mukerji stated that it is currently 400+.

#### **II. Executive Session**

Council entered executive session at 4:40 pm to discuss litigation and personnel issues. Council exited executive session at 5:03 pm.

Dr. Chapman, John Santoro, John Steffy, and Cindy Heminitz joined the meeting at

this time.

### **III. Reading School District Water Issue**

Mr. Spencer questioned the funding the District had available to pay utilities. Mr. Steffy, Reading School District Finance Director stated that the State funding comes with mandates for spending. A spreadsheet was distributed listing funding mandated for initiatives. The spreadsheet shows a deficit for 2009.

Mr. Fuhs noted the complexity of the District budget. He stated the issue for him is how much additional funding the City would receive from the Water Authority to cover its 2009 budget and when it would be received.

Mr. Spencer questioned if the District does not have the capability to pay for water, what their approach would be. Dr. Chapman stated that the District has agreed to pay to install the water meters. He requested additional time to see what information the meters provide.

Mr. Marmarou questioned when the meters would be installed. Dr. Chapman stated that the District is waiting for final details from the Water Authority. He stated that \$200,000 - \$275,000 has been estimated. He noted that this expense was not budgeted in 2009.

Ms. Goodman-Hinnershitz noted her concern that there is no baseline information since there are no meters. She stated that it is unfortunate that the meter issue has taken this amount of time. She voiced her concern that the 1984 agreement can no longer be quantified.

Mr. Santoro stated his belief that the 1984 agreement addresses use issues in the best way possible. He stated that if the agreement is rescinded that the City would begin to be charged for use of District buildings. He stated his belief that the District water usage and the City use of District buildings would still be comparable once the meter information can be discerned.

Mr. Spencer questioned what the loss of the \$850,000 (from the proposed doubled meter surcharge) would mean to the City. He stated that this amount decreases with each month that passes without this agreement being rescinded. Mr. Hottenstein stated that there would be additional budget cuts.

Mr. Sterner stated that this is all taxpayer funding but from two different budgets.

Mr. Fuhs stated that the City has budget issues. Budget cuts and positions cuts have occurred. Mr. Santoro stated that the District situation is the same. Mr. Fuhs noted that the City is not being subsidized by increased funding from the State.

Mr. Fuhs stated that Council could rescind this agreement at any time as long as the terms of the agreement are followed.

Mr. Fuhs stated that the agreement expires on June 30 of each year unless 90 days notice is given by one party to the other. He questioned if the 90 days notice would

need to be given before or after June 30. Mr. Younger stated that it would need to be given 90 days prior to June 30.

Mr. Spencer stated that this resolution will be added to Council's agenda this evening.

#### **IV. Blue Ribbon Panel**

Ms. Kelleher reminded Council that they needed to choose their representatives.

Mr. Sterner suggested contacting the top five candidates based on Council suggestions.

Ms. Goodman-Hinnershitz stated her belief that all the suggested candidates were acceptable.

After some discussion Council decided to appoint seven members to the panel.

Mr. Spencer questioned if Council representatives would be included with the Administration's representatives. Mr. Hottenstein stated that they would be.

The Council candidates are Larry Murin, Justice James, Eric Jenkins, George Seidel, Paul Marella, Alan Shuman and Bill Gaige.

The candidates will be contacted by Mr. Spencer for their willingness to participate.

#### **V. Handicapped Parking**

Mr. Sterner noted that this resolution was discussed by the Public Safety Committee. He stated that the Committee requested it be discussed by the Committee of the Whole prior to being placed on the Council agenda for action.

Mr. Younger explained that this resolution removes the limit of two spaces per block. He stated that those with handicapped license plates or placards are not guaranteed to qualify for a parking space.

Mr. Sterner noted that Dr. Hassel supports the resolution and feels that it is enforceable. The Committee also supports the resolution.

Mr. Spencer questioned if Harrisburg or Allentown have been legally challenged based on their regulations (this resolution is based on Harrisburg and the application is based on Allentown). Mr. Younger stated that Reading was challenged only because of the limitation on the number of spaces.

Mr. Marmarou noted the correspondence from Mr. Lee regarding a handicapped space in the 000 block of N. 10th St. This applicant wishes to be immune from other parking regulations based on the fact that he uses a handicapped space (two hour parking limit, street sweepers, 72 hour rule, etc.). Mr. Lee and Public Works have agreed to remove this block as two hour parking but this applicant would still be subject to the other regulations.

Ms. Goodman-Hinnershitz stated that this resolution is a good compromise.

Mr. Sterner stated that the State Human Relations Commission has mandated that Reading remove the limitation on the number of spaces.

Mr. Spencer described several possible scenarios. Ms. Katzenmoyer will discuss these with Ms. Butler prior to placing the resolution on the Council agenda.

#### **VI. Agenda Review**

Council reviewed the agenda for this evening's meeting.

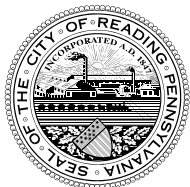
#### **VII. Executive Session**

Council entered executive session at 6:03 pm to discuss personnel issues. Council exited executive session at 6:15 pm.

The meeting adjourned at 6:20 pm.

Respectfully Submitted

Linda A. Kelleher, City Clerk



## **AGENDA MEMO**

**TO:** **Public Safety**  
**PREPARED BY:** Tonya Butler  
**MEETING DATE:** March 2, 2009  
**AGENDA MEMO DATE:** February 19, 2009  
**REQUESTED ACTION:** Council approve a resolution amending Resolution #93-96 (Handicap Parking).

**RECOMMENDATION:**

Council approve a resolution amending Resolution #93-96 (Handicap Parking).

**BACKGROUND:**

This amendment would put the City's handicap parking laws in concert with existing State requirements.

**BUDGETARY IMPACT:**

None

**PREVIOUS ACTION:**

None

**SUBSEQUENT ACTION:**

None

**RECOMMENDED BY:**

**RECOMMENDED MOTION:**

Approve the resolution amending Resolution #93-96 (Handicap Parking).

RESOLUTION NO. \_\_\_\_\_

**AMENDING RESOLUTION #93-96, SECTIONS 1-7:**

WHEREAS, by Resolution No. 473-86, the Council of the City of Reading enacted a handicapped parking policy procedure; and

WHEREAS, ~~it has become necessary to modify that parking policy procedure as a result of the overwhelming requests received for handicapped parking spaces~~ ***the population of the City of Reading consists of citizens with numerous handicaps or disabilities, some of whom by reason of their handicap or disability, require reasonable accommodations in order to have equality of opportunity relating to their public accommodations;*** and

WHEREAS, ~~there are currently issues in excess of five hundred (500) handicapped parking spaces; and~~ ***discrimination because of a person's handicap or disability is contrary to the laws and policies of the City; and***

WHEREAS, the handicapped parking space designation may be established by the City of Reading; and

WHEREAS, the use of such designated handicapped parking space is not permitted to be exclusive to the applicant; and

WHEREAS, there is a need to monitor the applications for and continued use of handicapped parking spaces; ~~and~~.

WHEREAS, ~~it has been determined that the criteria for granting requests for handicapped parking spaces should be made more stringent.~~

NOW, THEREFORE, THE COUNCIL OF THE CITY OF READING HEREBY RESOLVES AS FOLLOWS:

SECTION 1. Any resident of the City of Reading, ~~after acquiring a handicapped or disabled veterans license plate or placard from the State, may make application to the City for a handicapped parking space.~~ ***who has a qualified disability status as defined in the Application for Residential Parking for People with Disabilities and who has been issued by the Commonwealth of Pennsylvania a handicapped license plate or disabled veterans license plate or placard from the State or on whose behalf said license plate has been issued pursuant to Section 1338 of the Vehicle Code because of a handicap or disability, shall be eligible for the installation of a sign indicating that parking in such space is restricted to those vehicles bearing handicapped license plates or placards in front of or as reasonably close thereto said person's residence.*** All applications for original status will be reviewed by the City Health Officer, who will be the individual responsible for making the final determination on whether or not an individual claiming handicapped status should be granted a restricted handicapped parking space. All applications for renewal will be reviewed by the Department of Public Works, Traffic Engineering Office.

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**SECTION 1.1. A ~~restricted handicapped~~ parking space in front of a residence, ~~or reasonably close to a residence~~, is a special privilege granted by the City of Reading only to people who have severe physical disabilities as evidenced on their application by their physician's certification of their current disability status. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.**

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**SECTION 1.2. Parking at a restricted handicapped parking space is permitted by anyone who has been issued a handicapped license plate or disabled veterans license plate or placard from the State or on whose behalf said license plate has been issued pursuant to Section 1338 of the Vehicle Code because of a handicap or disability. The restricted handicapped parking space does not belong to the applicant.**

SECTION 2. In making the final determination, the City Health Officer shall be limited to granting no more than two (2) handicapped parking spaces per block where there is parking permitted on both sides of the street, and one (1) handicapped parking space per block where parking is permitted on only one (1) side of the street. Any such handicapped parking space permits having previously been granted prior to the effective date of this resolution where there is an excess of two (2) per block where applicable, or one (1) per block where applicable shall be permitted to remain in effect. In the event handicapped parking permits exceed the two (2) per block or the one (1) per block limit set forth above, the City Health Officer shall refrain from granting handicapped parking spaces for such block or blocks until such time as handicapped parking spaces as a result of failure to renew or cancellations fall below the per block limit set forth above. ***The application for a restricted handicapped parking space shall be made on a form provided by the Department of Public Works, ~~Traffic~~ Engineering Office. The application information shall include the identity of the handicapped person and said person's place of residence. It shall be accompanied by documentation evidencing issuance of a handicapped plate ~~or placard~~ by the Commonwealth of Pennsylvania as well as a physician's certification of disability.***

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SECTION 3. In making the final determination for renewal of ***restricted*** handicapped parking spaces, the Department of Public Works, Traffic Engineering Office, shall apply the criteria existing prior to date of passage of this resolution for the renewal of all parking spaces currently granted, ***with the exception of any numerical space limitations***. Once a permit is not renewed for any reason, any new application by the same applicant for such parking permit shall be considered a new application and shall be governed by the criteria set forth in Section 4 of this ***Resolution***.

SECTION 4. In making such final determination ***for an original application***, the applicant or someone residing in the applicant's residence shall meet the following criteria:

- a) There is legal parking in the street in front of the applicant's residence.
- b) No on-site off street parking is available.
- c) The applicant:
  1. ~~Must be wheelchair confined, and/or,~~
  2. ~~Must have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association, and/or,~~
  3. ~~Caring for a minor child with a severe physical or mental disability, and/or,~~
  4. ~~Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest. shall have a disability as defined in the Application for Residential Parking for People with Disabilities.~~



- d) *There is at least twenty-five (25') feet of parking space directly in front of the property. ~~If not, signatures of the persons who own the adjacent properties must be obtained indicating that they have no objections to the installation of the Handicap zone.~~*
- e) *The disabled person must be eligible for, and have in his or her possession, a HCP, PD or DVHP license plate or placard from the PA Department of Transportation for his or her vehicle.*

SECTION 5. **ANNUAL CERTIFICATION** Approved applicants will be required to pay a fee of Seventy Dollars (\$70.00) for the materials and labor involved in the installation of the sign. Each permit granting a handicapped parking space may be renewed on an annual basis by filing an application for renewal together with a Five Dollar (\$5.00) renewal fee. Each application whether for an original permit for a handicapped parking space or for a renewal permit for a handicapped parking space shall contain the information required by the application form and the renewal application form. ~~An incomplete application form or renewal application form shall be grounds for denial of the request for a permit. Applications for renewal permits shall be submitted to the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.~~

- (a) *Each renewal period shall be twelve (12) months.*
- (b) *Application for renewal must be filed with the Department of Public Works, Traffic Engineering Office, not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.*
- (c) *The Department of Public Works, Traffic Engineering Office, will not accept the application for renewal unless it is also accompanied by a sworn document containing the following averments:*
  - (1) *The applicant continues to be disabled.*
  - (2) *The applicant continues to drive the identified automobile or is being driven by another identified individual because of applicant's disability.*
  - (3) *The applicant resides at the same address.*

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#### **SECTION 5.1 FAILURE TO FILE COMPLETED APPLICATION**

*Failure to file a completed initial application or a timely application for renewal shall result in such application being denied. In the event an individual fails to file a completed application for recertification within the times allowed, that is, on an annual basis prior to expiration of the individual's eligibility, the right to such sign shall be forfeited, and the sign shall be removed by the Department of Public Works.*

SECTION 6. ~~The criteria set forth for final determination as set forth in Section 4 and the fee for the original application and any renewal application may be changed from time to time by written directive of the executive branch provided that at least prior thirty (30) days notice thereof shall be published in a newspaper of general circulation in and for Berks County. An incomplete application form or renewal application form shall be grounds for denial of the request for a permit. Applications for renewal permits shall be submitted to the City Health Officer not less than thirty (30) days or more than sixty (60) days prior to the expiration of each one (1) year term.~~ **REMOVAL OF SIGN**

*In addition to the removal of the sign for failure to properly apply for renewal, a handicapped parking restriction sign may be removed after notice to the applicant if, upon investigation, the City determines that the applicant is not, in fact, handicapped, that the applicant has moved or that the privilege is being abused in a manner inconsistent with its intent. The notice to the individual shall state the reason(s) for the anticipated removal of the sign and shall give the handicapped individual twenty (20) days in which to request a hearing before City Council or its designee.*

**Any change of address or change of circumstance shall be reported to the Department of Public Works, Traffic Engineering Office within thirty (30) days of such occurrence so that the restricted handicapped sign can be removed from said location.**

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#### **SECTION 6.1 . INSTALLATION OF SIGNS**

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*Upon determination that the application for handicapped restricted parking meets the requirements of this chapter, the City Health Officer shall refer the same to the Department of Public Works, Traffic Engineering Office for installation of a restricted handicap parking sign.*

~~SECTION 7. This resolution shall take effect immediately upon enactment.~~

*Residents who obtain restricted handicapped parking spaces must comply with all provisions under the City of Reading Codified Ordinances, Chapter 15, Motor Vehicles and Traffic; including, but not limited to: Part 4, Stopping and Parking; Part 5, Parking Meters; Part 6, Short Term Daytime Parking Requirements and Part 9, Snow and Ice Emergency.*

**SECTION 8. Penalties.** *An individual who submits a false application to the City of Reading shall, upon conviction thereof, be fined five hundred dollars (\$500.00) and costs, or imprisonment for not more than ninety (90) days, or both. Each false application submitted to the City of Reading shall constitute a separate offense.*

**Section 9.** *The criteria set forth for final determination as set forth in Section 3 may be changed from time to time by written directive of the City of Reading City Council provided that at least thirty (30) days **prior** notice thereof shall be published in a newspaper of general circulation in and for Berks County.*

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**SECTION 10.** *This resolution shall take effect immediately upon enactment.*

PASSED COUNCIL \_\_\_\_\_ 2009

\_\_\_\_\_  
PRESIDENT OF COUNCIL

ATTEST:

\_\_\_\_\_  
CITY CLERK

City of Reading  
815 Washington St  
Reading, PA 19601



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Dear Applicant:

Enclosed, you will find an application for Residential Parking for People with Disabilities. It is very important that this application be filled out completely and legibly. An application that is incomplete, illegible or otherwise not filled out in compliance with the explicit instructions given on the application will be returned to the applicant without action.

Attached is a form that must be completed by your physician, certifying the nature of your disability. This form **must be printed or typed** and returned with the completed application.

Upon our receipt and verification of your completed application, a representative of the City of Reading will contact you. At that time, an appointment will be made to come to your home for an in-person interview and to survey parking as it applies to your particular situation.

You will be notified in writing as to whether your application has been approved or denied.

***Approval of a handicapped parking space does not guarantee that the space will be used by the applicant only. Anyone with a PA handicapped license or placard may use this space.***

### **DISABLED PERSON RESERVED PARKING CRITERIA**

1. The disabled person must be eligible for, and have in their possession, a HCP, PD, or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person – ie. spouse, parent. The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is **severely** restricted.
4. The street width in front of the residence must be adequate to allow parking.
5. The individual cannot have an off-street parking space available.
6. The individual must be restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 MM/HG on room air at rest.
7. The individual must have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class IV according to the standards set by the American Heart Association.
8. The parking width in front of the property must be at least 25 feet. If this is **not** the case, you must obtain the signature of the person who owns the adjacent property indicating that they have no objection to the installation of the handicap zone.

**PLEASE PRINT**

If this application is being completed by someone other than the disabled person (applicant), please list that person's name below:

Person completing application \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

\*The following information required on this application **must** pertain to the above mentioned applicant

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:**

1. What is the nature of your disability? \_\_\_\_\_  
\_\_\_\_\_

2. Explain why you feel that you are in need of reserved parking at your \_\_\_\_\_ home:  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a garage or other off street parking available? YES NO

4. Do you have a PA Person with Disabilities License Plate?

If YES, License Plate number: \_\_\_\_\_

If NO, do you have a PA Person with Disabilities Placard? Number: \_\_\_\_\_

5. If the vehicle is not registered to the disabled person, why are you requesting a zone for a vehicle not registered to you? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you use one of the following? (Please circle)

Wheelchair Cane Crutches Braces Walker N/A

Other (please specify) \_\_\_\_\_

7. Are there any type of parking restrictions on your street? YES NO

If yes, please describe: \_\_\_\_\_

**Please attach a photocopy of the Vehicle Registration AND the applicant's or designated driver's PA driver's license as well as a copy of the Person with Disabilities Placard, if applicable.**

IS YOUR PROPERTY 25 FEET WIDE OR MORE? \_\_\_\_\_  
IF NO, COMPLETE THE FOLLOWING SECTION:

I understand that if the zone that I am requesting includes a portion of the street in front of a property adjacent to mine, it is my responsibility to obtain the signature of the owner of the adjacent property indicating that they have no objection to the installation of this zone. I further agree that if I use this zone in any other manner other than that which I described at the time of this application, the zone will be removed. In addition, I agree that the City of Reading retains the right to remove this zone at any time.

\*\*\*\*\*

**CONSENT OF ADJACENT PROPERTY OWNER (Please read carefully if applicable)**

I, (print name) \_\_\_\_\_ certify that I am the owner of (your address) \_\_\_\_\_  
\_\_\_\_\_. I understand that my neighbor is in need of additional footage in order to install a reserved parking zone on the street. I have no objections to the City of Reading installing a sign on the sidewalk in front of my property at the above address.

\_\_\_\_\_  
Adjacent Property Owner signature      Phone #      Date

\*\*\*\*\*

Do you rent the property where you are residing?      No      Yes  
If **yes**, your landlord will need to sign below.

I certify that I am the owner or property manager of (address): \_\_\_\_\_  
\_\_\_\_\_ and that I have no objection to the City of Reading installing a handicap sign for my tenant along the public sidewalk in front of the property at the above address.

\_\_\_\_\_  
Landlord or property manager signature      Phone #      Date

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### **APPLICANT'S CERTIFICATION**

I am aware that it is my responsibility to file a **complete** application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

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Applicant's signature

Date

## PHYSICIAN'S CERTIFICATION OF DISABILITY

### POLICY STATEMENT

All portions of this form must be filled out in detail by the applicant's treating physician based on an examination conducted within the past six months. A reserved parking space in front of a residence is a special privilege granted by the City of Reading only to people who have severe physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

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**Please type or print clearly or application will be rejected**

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**The undersigned hereby certifies as follows:**

1. I examined the above named application on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

2. Disability Status (check all that apply, refer to the attached functional guidelines)

☐ Impaired or Non-Ambulatory Disability (Sec. 1 ☐ or Sec 2 ☐)

☐ Arthritis (Sec. 3)

Functional Class # \_\_\_\_\_

Mobility Grade # \_\_\_\_\_

☐ Amputation/Anatomical (Sec. 4)

☐ Cerebrovascular Accident (Sec. 5)

Functional Class: ☐ A ☐ B

☐ Pulmonary (Sec. 6) Is the patient restricted to the extent that their forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest? ☐ No ☐ Yes **IF**

**YES**, please attach copy of test results

Functional Class \_\_\_\_\_ (A) \_\_\_\_\_ (B)

☐ Cardiovascular (Sec. 7)

Functional Class: ☐ III or ☐ IV

Therapeutic Class: ☐ D or ☐ E

☐ Neurological (Sec. 8)

☐ Other (Sec. 9) Please specify: \_\_\_\_\_

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3. Please specify the date of onset of applicant's disability: \_\_\_\_\_



4. Please describe in detail the nature and extent of the applicant's disability:

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5. I performed the following test(s) and/or procedures in diagnosing the applicant's disability: \_\_\_\_\_

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6. Please specify the diagnosis **and** prognosis of the applicant: \_\_\_\_\_

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7. Will applicant's current level of disability (check one)

☐ Improve      ☐ Remain the same      ☐ Deteriorate?

8. Please specify the current physical condition of the applicant: \_\_\_\_\_

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9. Does the applicant require the use of any of the following devices? (check all that apply)

☐ Wheelchair      ☐ Crutches      ☐ Scooter      ☐ Cane(s)      ☐ Walker      ☐ Braces      ☐

Other \_\_\_\_\_

10. Does the applicant require assistance with entering and exiting a vehicle?

☐ No      ☐ Yes If YES, please describe in detail: \_\_\_\_\_

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11. Does the applicant require assistance in entering or exiting his/her home?

☐ No ☐ Yes If **YES**, please describe in detail: \_\_\_\_\_

\_\_\_\_\_

12. Is the applicant capable of driving? ☐ No ☐ Yes If YES, is the applicant the principal driver of the vehicle? ? ☐ No ☐ Yes

I am a Board certified physician in the following areas: (Please list)

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C. S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on \_\_\_\_\_  
(date)

by \_\_\_\_\_  
(Physician's signature)

**Please print:**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

License Number: \_\_\_\_\_

## FUNCTIONAL GUIDELINES AND ELIGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether one or more medical conditions ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him/her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions which, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

### SECTION 1: NON AMBULATORY DISABILITIES

Impairments that require the applicant to use a wheelchair for mobility.

### SECTION 2: IMPAIRED OR ASSISTED AMBULATION

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does not necessarily indicate eligibility for reserved residential parking.

Note: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

### SECTION 3: ARTHRITIS

This section is intended for people whose arthritic condition makes walking extremely difficult; people who suffer arthritis which causes a severe functional motor deficit in the legs.

#### Functional Capacity:

Class III – functional capacity adequate to perform only a few or none of the duties of usual occupation or self care.

Class IV – Largely or wholly incapacitated, uses wheelchair.

#### Mobility Assessment:

Grade II – The applicant can cross the road but cannot manage public transportation

Grade III – The applicant can use stairs but cannot cross roads

Grade IV – The applicant cannot use stairs

Grade V – The applicant can move from room to room with help

Grade VI – The applicant is confined to chair or bed

Note: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section. Those applicants falling under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).

### SECTION 4: AMPUTATION/ANATOMICAL

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region of one or both legs.

Note: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

#### SECTION 5: CEREBROVASCULAR ACCIDENT

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:

- (A) Severe functional motor deficit in any of two extremities
- (B) Severe Ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category.

#### SECTION 6: PULMONARY DISABILITIES

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs during such activities as climbing one flight or stairs or walking 100 yards on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest

Note: Applicants for reserved parking may qualify under either sections A or B, however, these conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.

#### SECTION 7: CARDIOVASCULAR DISEASE

This section applies to those individuals who, because of cardiac conditions, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

##### Functional Classification

Class III – Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest, however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or anginal pain

Class IV – Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity with increase discomfort

##### Therapeutic Classification

Class D – Patients with cardiac disease whose ordinary physical activity should be markedly restricted

Class E – Patients with cardiac disease who should be at complete rest, confined to a bed or chair

Note: Those applicants who fall under Functional Class III or Therapeutic Classification D may be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal, however, special circumstances such as traffic or terrain problems may be brought to light which allow approval or reserved parking zones in such cases.

#### SECTION 8: NEUROLOGICAL DISABILITIES

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder: Damage to the central nervous system due to illness, accident, genetic, or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the existing neurological disorder. The general rule for our purposes is if the applicant can walk one half of a City block without difficulty, he or she is not likely to require reserved residential parking.

#### SECTION 9: OTHER

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria.

**RESOLUTION \_\_\_\_\_ - 2009**

**Stating City Council's support of the National Health Insurance Act, as proposed by H.R. 676, and the Family and Business Health Security Act, as proposed by H.B. 1660 and S.B. 300**

**WHEREAS**, every person in the City of Reading and the United States deserves access to affordable, quality healthcare; and

**WHEREAS**, over 45 million Americans live daily without healthcare coverage; and

**WHEREAS**, there are two Pennsylvania state single-payer healthcare bills, the Family and Business Health Security Act (now HB 1660 and SB 300), that would also reduce Philadelphia's healthcare costs for its employees; and

**WHEREAS**, HR 676 and SB 300 will cover all medically necessary services, including primary care, inpatient care, outpatient care, emergency care, prescription drugs, durable medical equipment, long-term care, mental health services, dentistry, eye care, podiatry, chiropractic, and substance abuse treatment, and

**WHEREAS**, illnesses and medical debt annually cause 500,000 bankruptcies in the United States affecting two million people and an increasing number of home foreclosures are also associated with medical debt; and

**WHEREAS**, administrative costs and profits amount to 30 percent of health care spending in the United States, with rising costs contributing to decreased international competitiveness and massive layoffs; and

**WHEREAS**, Americans spending double what other industrialized countries spending per person while they are covering all their citizens; and

**WHEREAS**, the City of Reading 2009 employee healthcare costs are approximately \_\_\_\_\_, including \_\_\_\_\_ for retirees.

**THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE CITY OF READING**

**That** Council hereby expresses its support for the Family and Business Health Security Act (now HB 1660 and SB 300) and call upon Pennsylvania legislators to work towards their immediate enactment.

Deleted: that

**Adopted by Council \_\_\_\_\_, 2009**

\_\_\_\_\_  
Vaughn D. Spencer  
President of Council

Attest:

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Linda A. Kelleher  
City Clerk